

**(PLEASE RETURN THIS FORM WHEN RESUBMITTING DOCUMENTS FOR RECORDATION)**

**TO:**

**FROM: STATE OF HAWAII**  
**Department of Land and Natural Resources**  
**Bureau of Conveyances**  
**P. O Box 2867**  
**Honolulu, Hawaii 96803**

**We cannot record your document(s) for the following reasons:**

- \_\_\_\_ The first page of a document must contain the following:
- \_\_\_\_ Top 3 1/2" must be reserved for Registrar's recording information.
- \_\_\_\_ The mailing address to whom the document should be returned, typewritten 1 1/2" from the left margin and not to exceed 3 1/2" per line.
- \_\_\_\_ Type of document \_\_\_\_; Grantor(s) name \_\_\_\_; Grantee(s) name and address \_\_\_\_; Tax Map Key # \_\_\_\_.
- \_\_\_\_ Documents should be no larger than 8 1/2 x 11 inches and should be single-sided sheets of written text.
- \_\_\_\_ Document will not reproduce legibly under photographic or electrostatic methods.
- \_\_\_\_ Names of parties must conform throughout the document (body of instrument, signature line and notary page).
- \_\_\_\_ Names of individuals, signing in their individual capacity, must be typewritten stamped or printed beneath signatures.
- \_\_\_\_ Notarial acknowledgment required or incomplete.
- \_\_\_\_ No paper or materials can be secured or attached in a manner that may conceal any written text.
- \_\_\_\_ Notary/Party of interest needs to initial all changes (white-out), insertions (\*) or deletions in instrument.
- \_\_\_\_ Authentication of foreign notary public required: Consulate/Apostille
- \_\_\_\_ Book and Page or Document number of \_\_\_\_\_ not referenced in instrument or is incomplete.
- \_\_\_\_ Missing: Exhibit \_\_\_\_; Schedule \_\_\_\_; Self-addressed stamped envelope \_\_\_\_; Other \_\_\_\_\_.
- \_\_\_\_ Financing Statement Item No. \_\_\_\_\_ incomplete. Other: \_\_\_\_\_.
- \_\_\_\_ Document(s) must include original signature(s). Signature of \_\_\_\_\_.
- \_\_\_\_ Judgment requires reference to Tax Identification Number of party against whom judgment is filed or statement that information is not in the possession of the party seeking recordation.
- \_\_\_\_ Conveyance Tax Certificate: Not presented \_\_\_\_; Incomplete \_\_\_\_.
- **If using P-64B (Exemption from Conveyance Tax), Part I, send entire package to Tax Office for approval.**  
**State of Hawaii Department of Taxation**  
**Technical Review Office**  
**P. O. Box 259**  
**Honolulu, Hawaii 96809**  
**Attention: Conveyance Tax Clerk**  
**Phone: (808) 587-1577**

\_\_\_\_ Incorrect Fees

Conveyance Tax Fee	\$ _____ (10¢ per \$100.00 of the consideration, rounded to the nearest 10¢. \$1.00 minimum.)
Recording Fee	\$ _____ for _____ (\$25.00 per document and \$1.00 for each page after 20 pages per system)
Certified Copy Fee	\$ _____ (\$1.00 per page) for _____.
Miscellaneous Fee	\$ _____ for _____.
<b>TOTAL FEE DUE</b>	<b>\$ _____ Check payable to BUREAU OF CONVEYANCES.</b>

\_\_\_\_ Returning: Document(s) \_\_\_\_\_; Check # \_\_\_\_\_ for \$ \_\_\_\_\_.

\_\_\_\_ Correct Certificate of Title (CT) not referenced in instrument(s).

\_\_\_\_ Instrument does not contain or have endorsement of:

\_\_\_\_ Full name of parties, no initials permitted;

\_\_\_\_ Address of: Grantee(s) \_\_\_\_; Mortgagee(s) \_\_\_\_; Assignee(s) \_\_\_\_; Debtor(s)/Secured Party \_\_\_\_.

\_\_\_\_ Marital status of Grantee(s) required.

\_\_\_\_ Individuals taking title, if married, must show full name of spouse. (No initials permitted)

\_\_\_\_ Corporate Grantee(s): Letter of good standing \_\_\_\_; State of incorporation \_\_\_\_; Corporate address \_\_\_\_.

\_\_\_\_ Certificate of Title must be amended. Please complete the enclosed Petition to note: Marriage \_\_\_\_; Divorce \_\_\_\_; or Death \_\_\_\_.

**Attach certified copy of marriage, divorce or death certificate to petition. Filing fee for Petition is \$30.00, \$1.00 for each exhibit and \$2.00 for certification. Check should be made payable to LAND COURT and mailed with Petition to:**

**LAND AND TAX APPEAL COURT,**  
**777 PUNCHBOWL STREET**  
**HONOLULU, HAWAII 96813-5093**  
**Phone: (808) 539-4777**

\_\_\_\_ REMARKS: \_\_\_\_\_

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**Date:** \_\_\_\_\_

**Receiving Clerk – (808) 587-0134 or 587-0138**